



L.F. WADE INTERNATIONAL AIRPORT
AIRPORT SECURITY PERMIT APPLICATION FORM

COMPLETION OF THIS FORM IS MANDATORY. The application will be delayed if all sections, as indicated, are not completed or if the necessary documents are not enclosed.

- The pass applicant should read and sign the declaration at Section 6.
- Authorised Signatories must review and sign the declaration at Section 8 prior to submitting the completed application form to security@skyport.bm.

PASS TYPE: INITIAL RENEWAL CHANGE OF COMPANY MULTI-PASS

SECTION ONE: APPLICANT INFORMATION

First Name:					
Middle Name:					
Last Name:					
Legal Name at Birth:					
Date of Birth (dd/mmm/yyyy):		<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss.	<input type="checkbox"/> Other. _____
Place of birth (country):			Nationality (list all):		
Residential address:					
Mailing address (if applicable):					
Telephone	H:	W:		C:	
Email:					
Position applied for:					

SECTION 2: PROOF OF IDENTITY

Attach a colour copy of the identity document showing the applicant's name and photograph with the application.

Passport No:		Expiration Date:	
Driver's Licence No:		Expiration Date:	

SECTION 3: REQUESTING ENTITY DETAILS

Entity:			
Entity Address:			
Authorised Signatory:		Job Title:	
Phone:		Email:	
Reason for this application submission:			

L.F. WADE INTERNATIONAL AIRPORT
AIRPORT SECURITY PERMIT APPLICATION FORM

SECTION 4: APPLICATION FEES

Initial Application: \$150.00 Renewal: \$150.00 Replacement (lost, stolen, damaged): \$75.00

- We cannot proceed with an application unless payment has been made at the time of submission. We accept cash and cheques and online transfers only.
- Cheques are to be made payable to: Bermuda Skyport Corporation Limited
- Wire payments to Bank of N.T. Butterfield & Sons Limited
Beneficiary SWIFT Code: BNTB BM HM
Beneficiary Account name: Bermuda Skyport Corporation Ltd -RevBM
Beneficiary Account: 060 1629400044
- Email payment confirmation to: ar@skyport.bm
- Security Permits are issued on Mondays and Wednesdays between 9:30 am and 12:30 pm.

SECTION 5: 5-YEAR ACTIVITY HISTORY – (Initial applications only)

- Provide details of all employment covering the 5 years prior to this application.
- If there are any gaps between periods of employment greater than 31 days, provide details of alternative activity (s).
- Attach ‘Letters of Verification’ from former employer(s) to support periods of activity listed on the application.
- Continue on a separate sheet if necessary and complete in date order (most recent first).

Period 1 (most recent first)

Employment / Gap in employment (delete as appropriate)	Date from (dd/mmm/yyyy)	Date to (dd/mmm/yyyy)
Name of Company or Reason for the gap in employment:		
Position held in the company:		
Reason for leaving:		
Address of the company:		
Person or Department in the company to contact or Professional reference if for a gap in employment		
Telephone number:	Email address:	
Position applied for:		

Period 2

Employment / Gap in employment (delete as appropriate)	Date from (dd/mmm/yyyy)	Date to (dd/mmm/yyyy)
Name of Company or Reason for the gap in employment:		
Position held in the company:		
Reason for leaving:		

L.F. WADE INTERNATIONAL AIRPORT
AIRPORT SECURITY PERMIT APPLICATION FORM

Address of the company:	
Person or Department in the company to contact <u>or</u> Professional reference if for a gap in employment	
Telephone number:	Email address:

Period 3

Employment / Gap in employment (delete as appropriate)	Date from (dd/mmm/yyyy)	Date to (dd/mmm/yyyy)
Name of Company <u>or</u> Reason for the gap in employment:		
Position held in the company:		
Reason for leaving:		
Address of the company:		
Person or Department in the company to contact <u>or</u> Professional reference if for a gap in employment		
Telephone number:	Email address:	

Period 4

Employment / Gap in employment (delete as appropriate)	Date from (dd/mmm/yyyy)	Date to (dd/mmm/yyyy)
Name of Company <u>or</u> Reason for the gap in employment:		
Position held in the company:		
Reason for leaving:		
Address of the company:		
Person or Department in the company to contact <u>or</u> Professional reference if for a gap in employment		
Telephone number:	Email address:	

Period 5

Employment / Gap in employment (delete as appropriate)	Date from (dd/mmm/yyyy)	Date to (dd/mmm/yyyy)
Name of Company <u>or</u> Reason for the gap in employment:		
Position held in the company:		
Reason for leaving:		
Address of the company:		



**L.F. WADE INTERNATIONAL AIRPORT
AIRPORT SECURITY PERMIT APPLICATION FORM**

Person or Department in the company to contact <u>or</u> Professional reference if for a gap in employment	
Telephone number:	Email address:

SECTION 6: SECURITY INTERVIEW AND APPLICANT’S DECLARATION

By signing this declaration, I confirm that:

I understand that knowingly giving false information in connection with an application for an Airport Restricted Area Pass is an offence under the Security Act 1982, as amended by the Aviation and Maritime Security Act 1990.

I have no unspent criminal convictions, pending charges, or investigations, and I have disclosed all relevant details as required. Any changes to these conditions will be immediately reported to the Skyport Pass Office.

I understand that my personal information will be used solely to issue an airport security pass and to conduct related security processes.

I agreed to comply with all security protocols and procedures at L.F. Wade International Airport, including those related to access to Security-Restricted and Airside Areas and the use of my airport security pass.

I agree to use the airport security pass only for authorized access to Security Restricted and Airside Areas when on duty and to report any loss, theft, or misuse immediately to the airport authorities.

I agree to return the airport security pass to my employer when it is no longer required for onward transmission to the Airport Security Pass Office.

The information provided in support of my application for an airport security pass is complete and accurate.

SECTION 7: DATA PROTECTION DECLARATION – APPLICANT

Data protection declaration - Applicant

By signing this form, I confirm/understand that:

- a. Skyport will verify the information provided by contacting previous employers, education establishments, government agencies, and professional references and will seek additional information from third parties.
- b. If I have provided personal information relating to any third party, I confirm that I have received their consent for Skyport to process their personal information in line with the privacy notice.
- c. The information provided and a copy of my identity document will be stored in a database and safeguarded against unauthorised access in accordance with Bermuda’s Personal Information Privacy Act (PIPA) 2016.
- d. I consent to the collection and use of my personal information for the purpose of evaluating my eligibility for an airport security pass, in accordance with the Personal Information Protection Act 2016.
- e. My personal data will be handled in accordance with Skyport’s Privacy Policy, and I may withdraw my consent at any time by emailing privacy@skyport.bm, but that may impact Skyport’s ability to process my application for a Restricted Area Pass at the Airport.
- f. I understand that my personal information will be used solely for the purpose of issuing an airport security pass and related security processes.”



L.F. WADE INTERNATIONAL AIRPORT
AIRPORT SECURITY PERMIT APPLICATION FORM

- g. I agree to notify Skyport immediately of any change in the personal information provided in this declaration or in my circumstances relevant to the Declaration and will provide Skyport with an updated Declaration within 14 days of such a change occurring. I further understand and agree that any failure to do so shall entitle Skyport, in its sole discretion, to suspend or withdraw my Restricted Area Pass.
- h. Law Enforcement will disclose any relevant criminal charges, investigations, and convictions regarding holding a restricted area pass at the airport to the Skyport Security Aviation Office.
- i. I acknowledge that I have read and understood the privacy notice provided by Bermuda Skyport Corporation Limited regarding the use, storage, and protection of my personal information under PIPA. [Privacy Notice - Skyport - Bermuda L. F. Wade International Airport.](#)

Signed: _____ Name: _____ Date: _____
(dd/mmm/yyyy)

SECTION 8: TOOLS OF THE TRADE

Only persons with legitimate operational need to carry restricted items into the Security Restricted and Airside Areas are entitled to hold a 'Tools of the Trade' authorisation.

Will the applicant be required to carry restricted items into the Security Restricted or Airside Areas at the Airport?

YES NO If YES, please indicate the type of tools likely to be carried:

S - Sharps W – Workman’s Tools L - Liquids F – Firearms and Ammunition C - Cellular

SECTION 9: ENTITY AUTHORISED SIGNATORY DECLARATION

Check the form properly before you fill in this section. If you have made any false statements on the application or if you know that the applicant has made any false statements, you could be prosecuted and go to prison. Skyport will check to ensure your details are genuine, and as such, we may need to contact you. You should not sign this form if you are an applicant's relative.

I, the undersigned, certify that the recruitment and interview procedures required by the Overseas Territories Aviation Requirements (OTAR 178) have been carried out and that it is necessary for the applicant to be issued an Airport Security permit authorisation as their employment will require them to have ongoing access into the Restricted or Airside areas at L. F. Wade International Airport.

Signature: _____ Name: _____ Date: _____
(dd/mmm/yyyy)

L.F. WADE INTERNATIONAL AIRPORT
AIRPORT SECURITY PERMIT APPLICATION FORM

OFFICE USE ONLY

The following Security and Safety Training has been undertaken, and the certificates are attached:

- GSAT (initial/recurrent) – Skyport / Redline
- AST (initial/recurrent) – Redline
- Security Manager (initial/recurrent) – ICAO / ASSI
- Security Instructor (initial/recurrent) – ICAO / ASSI
- Security Supervisor (initial/recurrent) – Bermuda Security Group Ltd / Security Associates Ltd
- Security Screener (initial/recurrent) – Bermuda Security Group Ltd / Security Associates Ltd
- Operating Crew (initial/recurrent) – BermudAir

APPLICATION APPROVED? **YES** **NO** (if no, please indicate the reason why below)

- Failed background check
- Failure to disclose a disqualifying offence
- Failure to disclose a pending criminal charge or investigation before a court
- Prior abuse of RAP privileges
- Prior unsafe activity within the Airport

PASS TYPE: **A** **B** **C** **D** **L**

Person Issuing Pass: _____

Position Held: _____

Date of Issue: _____ (dd/mmm/yyyy)